

U.S. EMBASSY BRATISLAVA

Foreign National Internship Program



Application Form

U.S. EMBASSY BRATISLAVA APPLICATION FOR NON-PAID FOREIGN NATIONAL INTERSHIP

INSTRUCTIONS: Please answer fully and completely, type or print. If more space is needed for an answer, use the space provided on page 3 or provide an extra sheet.

1. PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE
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PRESENT ADDRESS

TELEPHONE NUMBER AND E-MAIL ADDRESS

YOUR CURRENT CITIZENSHIP	OTHER OR PREVIOUS CITIZENSHIPS
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2. DATES PROPOSED FOR THE INTERNSHIP

FROM:

TO:

3. YOUR CURRENT STUDIES

NAME AND LOCATION OF EDUCATIONAL INSTITUTION	ENROLLED SINCE	MAJOR

4. EDUCATION (please include high school/Gymnasium and studies)

NAME AND LOCATION OF EDUCATIONAL INSTITUTION	DATES		DEGREE	MAJOR SUBJECTS
	FROM	TO		

5. ADDITIONAL EDUCATION INFORMATION						
SCHOLARSHIPS OR ACADEMIC DISTINCTIONS			PUBLICATIONS			
6. LANGUAGES (name and indicate the extend of your competence)						
LANGUAGE	SPEAK / UNDERSTAND			READ / WRITE		
	FAIR	GOOD	EXCELLENT	FAIR	GOOD	EXCELLENT
7. COMPUTER SKILLS (list programs that you are familiar with)						
PROGRAM	LITERACY					
	BASIC		INTER-MEDIATE	ADVANCED		
8. EMPLOYMENT (begin with your last or current job, including internships)						
DATES OF EMPLOYMENT (month/year, from-to)			EXACT TITLE OF YOUR POSITION			
NAME AND FULL ADDRESS OF EMPLOYER			DUTIES			
			NAME OF THE IMMEDIATE SUPERVISOR			
DATES OF EMPLOYMENT (month/year, from-to)			EXACT TITLE OF YOUR POSITION			
NAME AND FULL ADDRESS OF EMPLOYER			DUTIES			
			NAME OF THE IMMEDIATE SUPERVISOR			
DATES OF EMPLOYMENT (month/year, from-to)			EXACT TITLE OF YOUR POSITION			

NAME AND FULL ADDRESS OF EMPLOYER	DUTIES
	NAME OF THE IMMEDIATE SUPERVISOR
9. INSURANCE	
I HEREBY CONFIRM I HOLD A HEALTH INSURANCE POLICY (YES/NO)	
NAME OF HEALTH INSURANCE COMPANY	
HEALTH INSURANCE COMPANY ADDRESS	
SOCIAL INSURANCE NUMBER (RODNE CISLO)	
10. SPACE FOR DETAILED ANSWERS	
<p>IF NECESSARY USE THIS SPACE FOR DETAILED ANSWERS. NUMBER YOUR ANSWERS TO CORRESPOND WITH QUESTIONS. ADD ANY INFORMATION, WHICH WAS NOT COVERED ABOVE. USE ADDITIONAL PAGES IF NECESSARY.</p>	
CERTIFICATION	
I HEREWITH CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.	
SIGNATURE	DATE